

Exhibit A
Copy of Applicant's U.S. Postal Service Express Mail label.

Customer Copy
 Label TH June 2002

 EV 872930618 US		EXP. SS MAIL UNITED STATES POSTAL SERVICE • Post Office To Addressee																																																	
ORIGIN (POSTAL USE ONLY) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">F ZIP Code</td> <td style="width: 25%;">Day of Delivery</td> <td colspan="2">Flat Rate Envelope</td> </tr> <tr> <td>28219</td> <td>1st Day</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> -</td> </tr> <tr> <td colspan="2">Date In</td> <td colspan="2">Postage</td> </tr> <tr> <td>10/27/04</td> <td>12 Noon</td> <td><input type="checkbox"/> 1pm</td> <td>\$ -</td> </tr> <tr> <td>Time In</td> <td>10:00 AM</td> <td colspan="2">Return Receipt Fee</td> </tr> <tr> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> PM</td> <td colspan="2">-</td> </tr> <tr> <td>Weight</td> <td>6.8</td> <td><input type="checkbox"/> 2nd Day</td> <td><input type="checkbox"/> 2nd Day</td> </tr> <tr> <td colspan="2">Int'l Alpha Country Code</td> <td>COD Fee</td> <td>Insurance Fee</td> </tr> <tr> <td colspan="2">Ins.</td> <td colspan="2">-</td> </tr> <tr> <td colspan="2">No Delivery</td> <td colspan="2">Acceptance Clerk Initials</td> </tr> <tr> <td colspan="2">-</td> <td colspan="2">Total Postage & Fees</td> </tr> <tr> <td colspan="2">-</td> <td colspan="2">\$ 13.65</td> </tr> </table>				F ZIP Code	Day of Delivery	Flat Rate Envelope		28219	1st Day	<input type="checkbox"/> Second	<input type="checkbox"/> -	Date In		Postage		10/27/04	12 Noon	<input type="checkbox"/> 1pm	\$ -	Time In	10:00 AM	Return Receipt Fee		<input type="checkbox"/> AM	<input type="checkbox"/> PM	-		Weight	6.8	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 2nd Day	Int'l Alpha Country Code		COD Fee	Insurance Fee	Ins.		-		No Delivery		Acceptance Clerk Initials		-		Total Postage & Fees		-		\$ 13.65	
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CUSTOMER USE ONLY METHOD OF PAYMENT Federal Agency Acct. No. X282641 Postal Service Acct. No.																																																			
FROM: (PLEASE PRINT) 704 444 1000 TO: (PLEASE PRINT) MAILED STAMP PATENT & TRADEMARK COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA VA 22313-1450																																																			
PRESS HARD. You are inking 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com																																																			

Product Description	Sales Receipt	Final Price
0/27/2004 (704)359-8638 06:35:28 PM		\$13.65
CHARLOTTE AIRMAIL CENTER CHARLOTTE North Carolina		
Serial Number	EL 82275469318	
2nd Day 3PM	/ Normal	
Delivery		
Paid by account:		
EMCA account number:		
EX-911 VA 22313	\$13.65	
Express Mail PO-ADD	282641	
Serial Number	EV331603718US	
Next Day Noon	/ Normal	
Delivery		
Paid by account:		
EMCA account number:		
total:		\$0.00
paid by:		
111#:	1000400559745	
Term:	08	
Rebunds only per DMH P014		
Thank you for your business —		
Customer Copy		